

# United States District Court Eastern District of Michigan



## Summons in a Civil Action and Return of Service Form

**04-74932****ANNA DIGGS TAYLOR**

Case Number and Judge Assignment (to be supplied by the Court)

## Plaintiff name(s):

CHARLES HADDAD

## Defendant name(s):

INDIANA PACERS, an assumed  
name, a/k/a PACERS BASKETBALL  
CORPORATION, an Indiana  
corporation.

vs.

## Plaintiff's attorney, address and telephone:

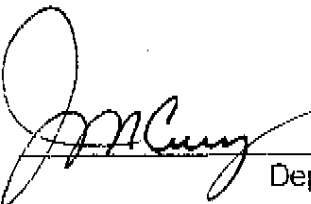
L.S. CHARFOOS P 11799  
JASON J. THOMPSON P 47184  
5510 Woodward Avenue  
Detroit, MI 48202  
(313) 875-8080

## Name and address of defendant being served:

FILE  
FEB 25 2005CLERK'S OFFICE  
DETROIT**To the defendant:**

This summons is notification that YOU ARE BEING SUED by the above named plaintiff(s).

1. You are required to serve upon the plaintiff's attorney, name and address above, an answer to the complaint within 20 days after receiving this summons, or take other actions that are permitted by the Federal Rules of Civil Procedure.
2. You must file the original and one copy of your answer within the time limits specified above with the Clerk of Court.
3. Failure to answer or take other action permitted by the Federal Rules of Civil Procedure may result in the issuance of a judgment by default against you for the relief demanded in the complaint.

David J. Weaver  
Clerk of the CourtBy:  Deputy Clerk

DEC 20 2004

Date of issuance

## RETURN OF SERVICE

A copy of the summons and complaint has been served upon the defendant in the manner indicated below:

Name of Defendant served:

INDIANA PACERS, an assumed name, a/k/a

PACERS BASKETBALL CORPORATION

Date of service:

February 10, 2005

### Method of Service

☐ Personally served at this address:

☐ Left copies at the defendant's usual place of abode with (name of person):

At this address:

☒ Other (please specify):

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

125 S. Pennsylvania St.

Indianapolis, IN 46204

Service fees: Travel \$ \_\_\_\_\_ Service \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

*I declare under the penalty of perjury that the information contained in this Return of Service is true.*

2/24/05

Date

  
Signature of server

Patricia A. Cotton

Server's printed name

5510 Woodward Avenue, Detroit, MI 48202

Server's address

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

**INDIANA PACERS**  
**Pacers Basketball Corp.**  
**125 S. Pennsylvania St.**  
**Indianapolis, IN 46204**

## 2. Article Number (Copy from service label)

**7000 0520 0018 1898 9684**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

2-10-05

C. Signature

X *E. Lumbard*☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes